

BOW Registration Form (CONTINUED)

CONFIRMATION: ONCE REGISTRATION IS CLOSED, confirmation letters with assigned sessions will be sent.

CANCELLATION: Cancellation deadline is August 19, 2016. Cancellations before this date will receive a full refund. Registrants who do not cancel by close of business on August 19, 2016 or who do not attend will be assessed the full program fee. A substitute registrant may be sent providing DNR is notified and the original concurrent sessions selected are attended.

SCHOLARSHIPS ARE AVAILABLE:

\$100 scholarships are available for first-time participants. To apply for a scholarship, please complete the scholarship application on this website and mail with registration form to: Attn: BOW Coordinator, Illinois Department of Natural Resources, Division of Parks & Recreation, One Natural Resources Way, Springfield, IL 62702. The Rocky Mountain Elk Foundation generously donates funds to support the BOW scholarship program.

Car Pooling:

I would like my name, address and phone number released for car pooling purposes: ____ Yes ____ No

Liability Acknowledgement:

I acknowledge there are risks of physical injury to Becoming an Outdoors-Woman participants and I agree to assume the full risk of injuries, damages, or loss, regardless of severity which I may sustain as a result of participating in activities connected to or associated with this program. I waive and relinquish all claims that I, my insurer or my family, may have against the Illinois Department of Natural Resources and its officers, agents, and assigns from claims from injuries, damages, or loss which I may have or which accrue to me on account of my participation in the above program.

Signature _____

Date: _____

Permission to Photograph:

Media representatives and staff photographers may observe and photograph portions of the workshop. The Illinois Department of Natural Resources, may use my (or the minor listed below) photographic images made with such alterations, additions and/or editing as deemed necessary and appropriate by the Illinois Department of Natural Resources.

Signature _____

Date: _____

I agree to abide by and accept the BOW program terms and conditions for my participation in this event.

Signature _____

Date: _____

Special Needs:

If you have any dietary requirements, needs that require assistance, or medical conditions, please indicate such needs below.

Scholarship Fund:

Are you interested in helping other women attend? Make your tax deductible donation to the BOW Scholarship Fund. All checks payable to the Illinois Conservation Foundation. Indicate amount \$ _____

Thank you to Scheels & the Rocky Mountain Elk Foundation for your continued support!

